

New Hampshire Marketplace Premium Assistance Program: Section 1115 Demonstration Waiver

Public Hearings

October 8 and October 20, 2014

Background on New Hampshire Health Protection Program & the Marketplace Premium Assistance Program

New Hampshire Health Protection Program

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On March 27, 2014, Governor Maggie Hassan signed into law Senate Bill 413, establishing the New Hampshire Health Protection Program (NHHPP)

SB 413 has three components through which NHHPP eligible individuals will be enrolled in health insurance, many for the first time:



Mandatory Health Insurance
Premium Payment (HIPP)
Program for individuals with
access to cost-effective
employer sponsored
insurance

Aug 15, 2014 - Dec 31, 2016



Bridge program for coverage
through Medicaid managed
care plans

Aug 15, 2014 - Dec 31, 2015*



Mandatory individual
qualified health plan (QHP)
premium assistance program
("Marketplace premium
assistance program")

Jan 1, 2016 - Dec 31, 2016*

Senate Bill 413: <http://www.gencourt.state.nh.us/legislation/2014/sb0413.html>

* Timelines for programs contingent on obtaining approval of Premium Assistance waiver

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Current HIPP & Bridge Coverage

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The HIPP and Bridge programs began covering people on August 15



Mandatory Health Insurance
Premium Payment (HIPP)
Program for individuals with
access to cost-effective
employer sponsored
insurance



Bridge program for coverage
through Medicaid managed
care plans

As of October 1, these programs are covering over

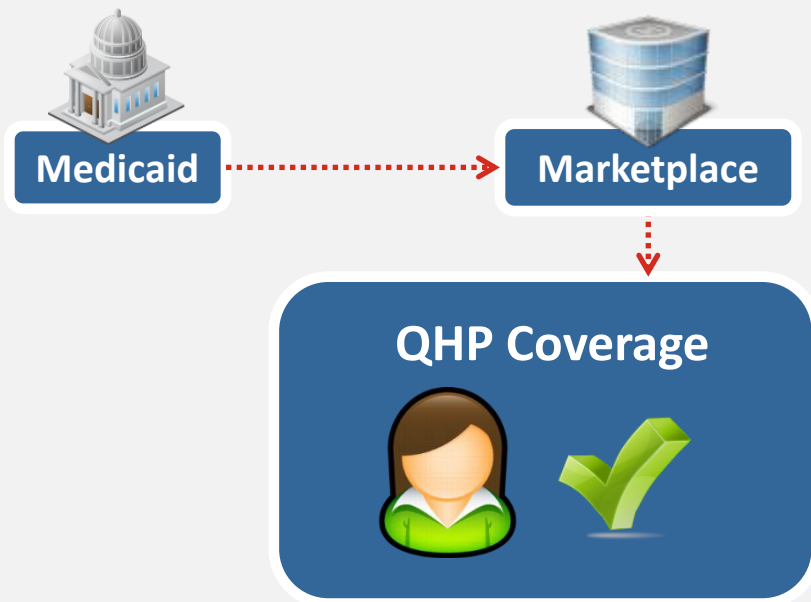
18,000

adults in New Hampshire

Overview of Marketplace Premium Assistance Program

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New Hampshire intends to submit an application to the Federal Government for a one-year Section 1115 Demonstration Waiver to establish the Marketplace Premium Assistance Program



New Hampshire will purchase qualified health plans (QHPs) certified to be sold on the Marketplace for enrollees and assure that all Medicaid benefits and cost-sharing protections are met

Marketplace Premium Assistance will help ensure consistent access to coverage and enhance integration and efficiency of public and private coverage in New Hampshire

1115 Waiver for Premium Assistance Program: <http://www.dhhs.state.nh.us/pap-1115-waiver/index.htm>

Timeline of Key Activities for Waiver Submission and Program Coverage

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November 10, 2014

Meeting with Fiscal Committee
of the General Court for Waiver
review and approval

December 1, 2014

*NH will submit waiver to
CMS, as required by SB 413*

October 15, 2015

Enrollment into
Marketplace Premium
Assistance Program begins

October 1-31, 2014

Public Notice Period

- October 8 – First Public Hearing
- October 20 – Second Public Hearing

March 31, 2015

*Deadline for approval of waiver
by CMS, as required by SB 413*

2014

2015

2016

August 15, 2014 –
December 31, 2016:
Coverage under HIPP

August 15, 2014 –
December 31, 2015:
Coverage under Bridge Program

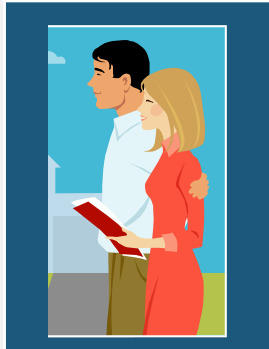
January 1, 2016 –
December 31, 2016:
**Coverage under Marketplace
Premium Assistance Program**

Marketplace Premium Assistance Program Details

Who is Covered in the Program?

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Expansion Adults



Ages 19 up until 65

Income below 133% FPL

Not pregnant at time of eligibility determination*

Not entitled to or enrolled in Medicare

Not in any other mandatory Medicaid eligibility group



Except for the expansion adults:

- ❖ With access to cost-effective employer-sponsored insurance (who are enrolled through the Health Insurance Premium Payment program)
- ❖ Who are identified as medically frail

**Individuals are treated as “not pregnant” unless they attest to being pregnant on the application*

133% of the Federal Poverty Level (FPL) for a family of four is an annual income of approximately \$32,000

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What Benefits Will Enrollees Receive?

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The Alternative Benefit Plan (ABP):



10 Essential Health Benefits (EHBs)



Vision and limited dental



Early Periodic Screening, Diagnosis, and Treatment (EPSDT) for 19 and 20 year olds



Non-emergency medical transportation



In-network Federally Qualified Health Centers



Free access to family planning services and providers

Prescription drugs

Rehabilitative and habilitative services and devices

Laboratory services

Hospitalization

Ambulatory patient services

Pediatric services, including oral and vision care

Maternity and newborn care

Mental health and substance use disorder services

Preventive and wellness services and chronic disease management

Emergency services

Any ABP benefit not covered in an enrollee's QHP benefit package will be provided directly by Medicaid

What is the Cost of Coverage for Enrollees?

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Premiums & Deductibles

Enrollees will not pay premiums or deductibles

New Hampshire will pay the QHP premium and deductible directly to the insurer



Co-Payments

For enrollees with income:

0 to 100% FPL

- No co-payments for any services

100 to 133% FPL

- Co-payments for certain services (see next slide for “Standard Co-Payment Plan”)

No matter which QHP an enrollee chooses, he/she will have the same set of co-payments, which are all compliant with Medicaid cost-sharing requirements



Proposed Standard Co-Payment Plan

Service	Co-Pay
Primary Care Physician	\$0
Specialty Physician	\$8
Other Medical Professionals	\$8
Generic Prescription Drug	\$2
Preferred and Non-Preferred Brand Prescription Drugs	\$6
Specialty Prescription Drugs	\$6
Behavioral Health Professional	\$0
Behavioral Health Outpatient Visit	\$0
Behavioral Health Inpatient Admission	\$50
Hospital Outpatient Visit	\$0
Hospital Inpatient Admission	\$50
Imaging (CT/PET Scans, MRIs)	\$25
Durable Medical Equipment	\$0
Lab and Radiology	\$0
Skilled Nursing Facility	\$0
Emergency Room Visit	\$0
Other	\$0

See Appendix for further details

Which QHPs Will Enrollees Be Able to Select?

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QHP Metal Levels on the Marketplace

Platinum

Gold

Silver

Bronze

Catastrophic

Enrollees with income 0 to 100% FPL:

May select any cost-effective 100% actuarial value* Silver-level plan available on the Marketplace with no cost-sharing

Enrollees with income 100 to 133% FPL:

May select any cost-effective 94% actuarial value* Silver-level plan available on the Marketplace with co-payments described on slides 10 and 11

* “Actuarial value” describes how much of the average cost of services is covered by the insurance plan. All silver plans are designed to cover approximately 70% of the average cost of services. However, insurance carriers offering Marketplace plans must develop cost-sharing variations on their silver plans designed for low-income consumers. The “100% actuarial value” plan has no cost-sharing that the enrollee must pay; the plan covers 70% of the cost of services, and the state will pay the carrier for the 30% of cost-sharing that would otherwise be the enrollee’s responsibility. The “94% actuarial value” plan has approximately 70% of costs covered by the carrier and 24% of costs covered by the State. The remaining 6% of costs is covered by the enrollee (in the form of the co-payments on slide 11).

How Much Time Will Enrollees Have to Select a QHP?

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❖ Enrollees will be given 60 days to select a plan through:

- NHEASY,
- Phone,
- Mail, or
- District Office



❖ Enrollees who do not select a plan in 60 days will be auto-assigned to a plan in their geographic area



❖ All enrollees will begin receiving coverage directly through Medicaid from the date of their application until their enrollment into a QHP



Those who are enrolled in a Medicaid MCO in the Bridge program will be auto-enrolled into their carrier's QHP, if one is offered on the Marketplace, and given an opportunity to switch to a different QHP

QHP Enrollee Coverage Appeal Rights

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For services covered by the QHP

Enrollees will have access to grievance and appeals processes through the QHP process for coverage and medical necessity determinations, which meets Medicaid appeal standards

For Medicaid eligibility determinations and services covered by Medicaid

Additional processes will be in place through Medicaid to assure federal and State Medicaid appeal requirements

QHP and Program Management Between Agencies

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QHPs are subject to federal and state insurance law requirements. They must be reviewed and approved by the New Hampshire Insurance Department, then certified by CMS for Marketplace sale



The New Hampshire Department of Health & Human Services remains fully accountable for ensuring the program's compliance with Medicaid requirements



New Hampshire's Department of Health & Human Services and Insurance Department will enter implementing agreements to establish and operate the Marketplace Premium Assistance Program

Additional Waiver Features



As described in Senate Bill 413, additional waiver features include:

- Wellness programs
- Provider payments
- Access to FQHCs

Specific Waiver Requests

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To establish the Marketplace Premium Assistance Program as authorized in Senate Bill 413, New Hampshire will request that CMS waive certain provisions of the Social Security Act, as follows:

Description	Social Security Act Section
To permit the State to provide different delivery systems for different populations of Medicaid enrollees	§ 1902(a)(17)
To permit the State to exempt individuals with incomes above 100% FPL who are awaiting enrollment in a QHP or Medicaid managed care plan (if excluded from the Demonstration) from cost-sharing requirements to which they would otherwise be subject under the State Plan.	§ 1902(a)(17)
To make Marketplace premium assistance mandatory for eligible individuals	§ 1902(a)(23)
To permit that enrollees only choose from providers that participate in the network of their QHP	§ 1902(a)(23)
To permit the State to provide coverage beginning on the application date	§ 1902(a)(34)
To permit the State to require that requests for prior authorization for drugs be addressed within 72 hours, rather than 24 hours. A 72-hour supply of the requested medication will be provided in the event of an emergency	§ 1902(a)(54)

New Hampshire may identify additional waiver requests as it continues to develop the 1115 waiver

Evaluation of the Program

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Through implementation of the Marketplace Premium Assistance Program, New Hampshire will evaluate the effects of the program on enrollees’:

Quality of care



Access to care (primary, specialty, mental health and substance use disorders)



Insurance coverage (participation rate) and coverage gaps/loss of coverage



New Hampshire will use a **combination of claims, encounter and enrollment data and surveys** to analyze the impacts of the program



Questions? Comments?

Public Hearings & Submission of Comments

Public Hearing Information

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Public Hearing Information

DATE

Wednesday, October 8, 2014, 6:30-8:30pm

IN-PERSON LOCATION

New Hampshire Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301

WEBINAR ACCESS

<https://pcgus.webex.com/pcgus/j.php?MTID=m033af3335f479e13d8da20c7f52e4447>

Meeting number: 763 259 638

Meeting password: nhdhhs

PHONE ACCESS

1-877-668-4493

Access code: 763 259 638

DATE

Monday, October 20, 2014, 1:00-3:00pm

IN-PERSON LOCATION

Medical Care Advisory Committee
New Hampshire Hospital Association
125 Airport Road
Concord, NH 03301

WEBINAR ACCESS

<https://pcgus.webex.com/pcgus/j.php?MTID=m5b940af84f4d96ba72abe2b9e9c8ca0a>

Meeting number: 768 829 221

Meeting password: nhdhhs

PHONE ACCESS

1-877-668-4493

Access code: 768 829 221

This information can also be found online:

<http://www.dhhs.state.nh.us/pap-1115-waiver/index.htm>

Submission of Public Comments

Public comments may be submitted until midnight on **October 31, 2014**.

Comments may be submitted by:

- Email to PAP1115Waiver@dhhs.state.nh.us
- Regular mail to:
Department of Health and Human Services
Office of Medicaid Business and Policy
Legal and Policy Unit
129 Pleasant Street
Thayer Building
Concord, NH 03301

Comments should be addressed to: Jeffrey A. Meyers, Director, Intergovernmental Affairs, NH Department of Health and Human Services

This information can also be found online:

<http://www.dhhs.state.nh.us/pap-1115-waiver/index.htm>

Appendix

Proposed Standard Co-Payment Plan

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High Value Silver Plan 94% Actuarial Value Plan

Overall Deductible					\$175	
Service Specific Deductibles						
			Medical		\$0	
			Brand Drugs		\$0	
			Dental		\$0	
Member Out of Pocket Maximum (all services combined – does not include deductible)						\$600
General Service Description	Subject to Deductible	Unit of Service	Copays	Coinsurance		
Behavioral Health - IP	Yes	Admission	\$50	100%		
Behavioral Health - OP	Yes	Visit	\$0	100%		
Behavioral Health - Professional	No	Visit	\$0	100%		
Durable Medical Equipment	Yes	Service	\$0	100%		
Emergency Room Services	Yes	Visit	\$0	100%		
Imaging (CT/PET Scans, MRIs)	No	Visit	\$25	100%		
Hospital Inpatient	Yes	Admission	\$50	100%		
Lab and Radiology	No	Visit	\$0	100%		
Skilled Nursing Facility	Yes	Admission	\$0	100%		
Other	Yes	Visit	\$0	100%		
Other Medical Professionals	No	Visit	\$8	100%		
Hospital Outpatient Facility	Yes	Visit	\$0	100%		
Primary Care Physician	No	Visit	\$0	100%		
Specialty Physician	No	Visit	\$8	100%		
Pharmacy - Generics	No	Prescription	\$2	100%		
Pharmacy - Preferred Brand Drugs	No	Prescription	\$6	100%		
Pharmacy - Non-Preferred Brand Drugs	No	Prescription	\$6	100%		
Pharmacy - Specialty Drugs	No	Prescription	\$6	100%		
AV Calculator Result					95.0%	
True Actuarial Value					96.8%	

Deductible paid by State for NH HPP enrollee

Out of Pocket maximum depends on enrollee's income

Actuarial value must meet QHP standards

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